



UNIVERSITY OF THE PHILIPPINES DILIMAN

Return to Work Form

Due to the current surge in the number of COVID-19 positive cases and spread of new variants within our community and in our country, the UP Diliman COVID-19 Task Force updates the University's Post-ECQ Guidelines to reflect the new restrictions outlines in the IATF Resolution 104 (released last 20 March 2021) and Quezon City's Supplemental GCQ Guidelines (released last 14 March 2020). As specified in the Updated UP Diliman Post-ECQ Guidelines (published March 2021), all University personnel shall accomplish the Return-to-Work Form detailing their travel activities and social interactions.

Please be reminded that you are also required to undergo a mandatory 14-day quarantine and seek medical clearance from the UP Health Service before reporting for work. (In this case, quarantine shall constitute a work from home arrangement.) Kindly submit your medical clearance and accomplished Report-to-Work Form to your respective office/unit.

Part 1: Self-Certification

PERSONAL DETAILS	
Name:	Job Title:
College/Department/Office/Unit:	Category: Faculty: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent REPS: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent Staff: <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent
Email address:	
Contact number:	<i>*Non-Permanent includes Lecturers, UP Contractual, Non-UP Contractual, JOs, CoS, Project-based</i>
TRAVEL DETAILS	
Date/s of applied leave/travel:	Date Returned to Work:
Mode/s of transportation used: <i>(Please check all that apply)</i> <input type="checkbox"/> Personal vehicle (Car, motorcycle, etc.) <input type="checkbox"/> Airplane <input type="checkbox"/> Boat/Ship <input type="checkbox"/> Jeepney <input type="checkbox"/> Rented/Carpool <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Others, please specify: _____	
Place/s visited/frequented: <i>(Please list down all places that you have visited/frequented during your leave/travel. You may use the back of this form or another sheet of paper if needed.)</i>	
Lodging: <input type="checkbox"/> Own house/residence <input type="checkbox"/> Hotel <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Motel/Hostel <input type="checkbox"/> Transient Houses/Dorms <input type="checkbox"/> Others, please specify: _____	
Food: <i>(How and where did you take your meals?)</i> <input type="checkbox"/> Shared meals at home <input type="checkbox"/> Restaurant/Fastfood: Dine-In <input type="checkbox"/> Drive-Through <input type="checkbox"/> Delivery <input type="checkbox"/> Restaurant/Fastfood: Take-out <input type="checkbox"/> Others, please specify: _____	

ACTIVITIES AND SOCIAL INTERACTIONS

Please list down all the activities you held and/or participated in during your leave/travel. Do not forget to indicate the number of participants for the said activity, including immediate household/family members. You may use the back of this form or another sheet of paper if needed.

Activity	Number of participants

I hereby certify that information presented in this form is true and accurate to the best of my knowledge.

Full name and signature: Date:

Part 2: Return To Work Assessment (To be completed by Post-ECQ Team or Health Liaison Officer)

Name of Post-ECQ Team Lead/Health Liaison Officer:	Date of RTW Assessment:
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QUARANTINE AND CLEARANCE

- 1. Did the personnel undergo a 14-day quarantine? YES NO
- 2. Did he/she submit a Medical Clearance from the UP Health Service?

Name of Attending Physician: _____

Date of consult: _____

RETURN-TO-WORK ORDER

Did the personnel fully accomplish his/her Return-to-Work Form? YES NO

Is the personnel fit to work (based on the submitted Medical Clearance and RTW Form)? YES NO

Recommended date for personnel to return to work: _____

Post-ECQ Team Lead/Health Liaison Officer

Date

APPROVED BY:

Head of Unit